·								- 1.	Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECO								146261655				
Effective October 1, 2003													
		CLAIMS A	- PART (ENTITY	OR		THAN ENTITY		
To	OTAL CLAIMS	;	·					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		·	BASIC FE	€ 385.00	OR	BAȘIC FEE		
TOTAL CHARGEABLE CLAIMS			70. minus 20=		•			XS 9=		OR			
INDEPENDENT CLAIMS			— minus 3 =				ŀ	X4 3 =		OR	X8 9 ±		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT				t	+146=	1	7	• .		
- If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	-2 9 0=	75000	
		A VING VE V	i Nacional	i MENDED - PART II					· L	70.,	OTHER		
		(Column 1)	·	(Column 2)				SMALL	ENTITY	OR	SMALL		
AMENDMENT A	8/3//04	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	est Ber Jusly	PRESENT EXTRA		RATE	ADDI- TIQNAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	·	8	=	ſ	XS 9=	1	OR	X\$18=		
	Independent	. ,	Minus	 3	,	= .	 	X43=		OR	X86=		
۲	FIRST PRESE	JLTIPLE DE	PENDENT					1	000				
	•						L	+145=		OR	+290=	ļ	
							ΑŒ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST												
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID-F	BER	PRESENT EXTPA	ŀ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	••		=		X\$ 9=	·	OR	X\$18=		
	Incependent	•	Minus	***		=		X43=		OR	X86=		
q	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM	ا ا		+145=			+290=		
							Ľ	TOTAL		OR	TOTAL	•	
							AQ	DIT. FEE	L	OR',	ODIT. FEE		
- 1		(Column 1) CLAIMS		(Colum		(Column 3)	-				· · · · · ·		
ا چە		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER. USLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		= .	:	X\$ 9=		OR	X\$18=	•	
	Independent	•	Minus	***		= '		X43≖		00	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the entry in column 1 is less than the entry in column 2 wind "1" in column 3.								145= -		OR	+290=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE TOTAL A												· · ·	